

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect William H Skinner
Address 6767 S. Siwell Rd Ste B, Bynum MS 39272
Telephone 601 373 0073 Fax _____
Treasurer Louie Brooks, CPA Email louie@louiebrooks.com

RECEIVED
DEC 23 2010
Campaign Finance Secretary of State
DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
____ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3000.00 + \$2050.00	\$5050.00	\$12805.00
Total amount of disbursements	\$9528.48	\$9528.48	\$13675.89
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39205 or fax to 601-359-1499 or 601-676-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Comm. to Elect William L. Skinner

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Reporting period

Oct 1, 2010

through

~~Oct 23, 2010~~ Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/12/10	\$ 500.00
Mailing Address		10/12/10	\$
City, State, Zip Code		10/12/10	\$
Name of Employer (Required)		10/12/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/19/10	\$ 1000.00
Mailing Address		10/19/10	\$
City, State, Zip Code		10/19/10	\$
Name of Employer (Required)		10/19/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/20/10	\$ 500.00
Mailing Address		10/20/10	\$
City, State, Zip Code		10/20/10	\$
Name of Employer (Required)		10/20/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/20/10	\$
Mailing Address		10/20/10	\$
City, State, Zip Code		10/20/10	\$
Name of Employer (Required)		10/20/10	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Committee Ed Williams L Skinner

Reporting period

Oct 1 2010 through Dec 31 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Realtors PAE</u>		<u>10/26/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 321000</u>		<u> / / </u>	\$
City, State, Zip Code <u>Flowood MS 39232</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baker's Creek Wood Floors Inc</u>		<u>10/28/10</u>	\$ <u>500.00</u>
Mailing Address <u>1245 Adams Ln</u>		<u> / / </u>	\$
City, State, Zip Code <u>Edwards MS 39065</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Com to Elect William L Skinner

Reporting period

Oct 12010

through

Dec 312010

ITEMIZED DISBURSEMENTS

A. Full name	<u>Hinds Co Graded</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>PO Box 729</u>	<u>10/26/10</u>	\$ <u>126.00</u>
City, State, Zip Code	<u>Raymond MS 39154</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>Adv</u>	Aggregate Year-to-date	\$ <u>126.00</u>
B. Full name	<u>Postmate</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u></u>	<u> / / </u>	\$ <u>2125.00</u>
City, State, Zip Code	<u>Jackson MS</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>mail out</u>	Aggregate Year-to-date	\$ <u>2125.00</u>
C. Full name	<u>Pro Printers</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1220 Vine St</u>	<u>10/26/10</u>	\$ <u>2862.25</u>
City, State, Zip Code	<u>Jackson MS 39202</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u></u>	Aggregate Year-to-date	\$ <u>4708.00</u>
D. Full name	<u>Picker Printing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>POB 337</u>	<u>10/28/10</u>	\$ <u>1093.85</u>
City, State, Zip Code	<u>Raymond MS 39154</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>signs</u>	Aggregate Year-to-date	\$ <u>2835.10</u>
E. Full name	<u>Angela Skinner</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Huntley Dr</u>	<u>11/3/10</u>	\$ <u>168.80</u>
City, State, Zip Code	<u>Raymond MS 39157</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>Reimburse - Supplies</u>	Aggregate Year-to-date	\$ <u>168.80</u>
F. Full name	<u>Bill Skinner</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Huntley Dr</u>	<u>11/4/10</u>	\$ <u>54.50</u>
City, State, Zip Code	<u>Raymond MS 39156</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>Reimburse - Supplies</u>	Aggregate Year-to-date	\$ <u>54.50</u>

Name of Candidate or Committee

Committee Elbert Williams & L. Skinner

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Reporting period

Oct 1 2010

through

Oct 23, 2010 Dec 31 2010

ITEMIZED DISBURSEMENTS

A. Full name	Al Shurden	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	2884 Maryland Dr	10 / 5 / 10	\$ 200.00
City, State, Zip Code	Jackson MS 39212	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Sign posts - materials etc.	Aggregate Year-to-date	\$ 200.00
B. Full name	Terry News	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	203 Terry Brook Dr	10 / 5 / 10	\$ 135.00
City, State, Zip Code	Terry MS 39170	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Adv	Aggregate Year-to-date	\$ 135.00
C. Full name	Old Capitol Inn	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	226 N State St	10 / 13 / 10	\$ 806.25
City, State, Zip Code	Jackson MS 39201	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Reception	Aggregate Year-to-date	\$ 806.25
D. Full name	Clarion Ledger	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 23074	10 / 20 / 10	\$ 1251.54
City, State, Zip Code	Jackson MS 39225	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Adv	Aggregate Year-to-date	\$ 1251.54
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

Committee to Elect William L. Skurmen

Reporting period

Oct 1 2010

through

Dec 31 2010

ITEMIZED DISBURSEMENTS

A. Full name	Pickett Printing	Date (Mo., Day, Year)	11/15/10	Amount of each disbursement this period	\$ 500.00
Mailing Address	POB 337				
City, State, Zip Code	Raymond MS 39154				
Purpose of Disbursement (Optional)	radio call	Aggregate Year-to-date		\$ 3335.10	
B. Full name	Louie Brooks	Date (Mo., Day, Year)	12/21/10	Amount of each disbursement this period	\$ 205.29
Mailing Address	6767 Siwell Rd Ste B				
City, State, Zip Code	Byram MS 39272				
Purpose of Disbursement (Optional)	reimb expenses	Aggregate Year-to-date		\$ 205.29	
C. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	\$
Mailing Address					\$
City, State, Zip Code					\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date		\$	
D. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	\$
Mailing Address					\$
City, State, Zip Code					\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date		\$	
E. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	\$
Mailing Address					\$
City, State, Zip Code					\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date		\$	
F. Full name		Date (Mo., Day, Year)		Amount of each disbursement this period	\$
Mailing Address					\$
City, State, Zip Code					\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date		\$	